

# INSTRUCTION SHEET

## ILLINOIS LICENSED CLINICAL PSYCHOLOGIST CONTINUING EDUCATION SPONSOR APPLICATION

### CE APPROVED SPONSOR

In order for Clinical Psychologists to obtain credit for attendance at continuing education (CE) programs/courses, the program/course must be provided by an approved sponsor. The sponsoring entity must:

1. Complete and submit an Illinois Clinical Psychologists Continuing Education Sponsor Application.
2. Forward a fee of \$500 in the form of a check or money order made payable to the Department of Financial and Professional Regulation. (State agencies, state colleges and state universities in Illinois are exempt from paying this fee.)
3. Submit a sample program with course materials, faculty, and syllabi for review prior to being approved as a CE sponsor.
4. Enclose a sample "Certificate of Attendance", which contains the following:
  - a) the name, address and license number of sponsor;
  - b) the name and address of the participant;
  - c) a brief statement of the subject matter;
  - d) the number of hours actually attended in each program;
  - e) the date and place of the program; and
  - f) the signature of the sponsor or person responsible for the CE program.

Continuing Education Sponsors and Programs shall mean:

1. American Psychological Association and its affiliates;
2. Council for the National Register of Health Service Providers in Psychology;
3. Association of State and Provincial Psychology Boards or Council for the National Register of Health Service Providers in Psychology;
4. American Medical Association or its affiliates;
5. Illinois Psychological Association or its affiliates;
6. Any regionally accredited school, college or university, or any State agency;

7. Any other person, firm, or association that has been preapproved and authorized by the Division pursuant to the Section 1400.85(c)(G) of the Rules to coordinate and present continuing education courses and programs.

### LICENSURE CE RENEWAL REQUIREMENTS

Each person who applies for renewal of a license as a Clinical Psychologist shall complete 24 hours of CE relevant to the practice of clinical psychology during the prerenewal period. At least 3 of the 24 hours must include content related to the ethical practice of Clinical Psychology.

### CE COURSE CONTENT

All CE courses shall:

- a) Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in the practice of clinical psychology;
- b) Foster the enhancement of general or specialized clinical psychology practice and values;
- c) Be developed and presented by persons with education and/or experience in the subject matter of the program;
- d) Specify the course objectives, course content and teaching methods used; and
- e) Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.

All programs given by approved sponsors shall be open to all licensed clinical psychologists and not be limited to members of a single organization or group.

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### **SPONSOR RESPONSIBILITY AND APPROVAL**

1. The sponsor shall be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program.
2. Upon the failure of a sponsor to comply with any of the requirements of Section 1400.85, the Division, after notice to the sponsor and hearing before and recommendation by the Board (see 68 Ill. Adm. Code 1110), shall thereafter refuse to accept for CE credit attendance at or participation in any of that sponsor's CE programs until such time as the Division receives assurances of compliance with this Section.
3. Each CE program shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together,

shall review the evaluation outcome and revise subsequent programs accordingly.

4. An approved sponsor may subcontract with individuals and organizations to provide approved programs. All advertising, promotional materials, and certificates of attendance must identify the licensed sponsor and the sponsor's license number. The presenter of the program may also be identified, but should be identified as a presenter. When a licensed sponsor subcontracts with a presenter, the licensed sponsor retains all responsibility.
5. The sponsor will be responsible for providing a certificate of attendance and will maintain attendance records for at least 5 years.

### **CE SPONSOR RENEWAL REQUIREMENTS**

To maintain approval as a sponsor, each sponsor shall submit to the Department by September 30 of each even-numbered year a renewal application, a \$250 fee, and a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and time of each course given by the sponsor and by any subcontractor.

**Illinois Clinical Psychologist  
Continuing Education Sponsor Application**

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

Date Approved: \_\_\_\_\_

**INSTRUCTIONS**

Submit the following with this application:

1. A \$500 fee.
2. Sample Certificate of Attendance.
3. A copy of a sample program with faculty, course materials and course syllabi.

Return application to: Department of Financial and Professional Regulation  
Attn: Division of Professional Regulation  
P.O. Box 7007  
Springfield, Illinois 62791

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION

2. TELEPHONE NUMBER (Include Area Code)

3. ADDRESS (Include Street, City, State, and ZIP Code)

4. FEIN OR SOCIAL SECURITY NUMBER

5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)

6. TITLE

7. ADDRESS (Include Street, City, State, and ZIP Code)

8. TELEPHONE NUMBER (Include Area Code)

9. EMAIL ADDRESS (REQUIRED)

10. SPONSOR IS:

- ☐ School, College or University  
☐ Individual  
☐ Firm

- ☐ Professional Association  
☐ State Agency  
☐ Other (Describe) \_\_\_\_\_

11. ORGANIZATIONAL PURPOSE AND OBJECTIVES

12. SPONSOR'S BACKGROUND IN CLINICAL PSYCHOLOGY

13. Specify length of time Sponsor maintains records:

14. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE (Supply forms used)

\_\_\_\_\_  
Signature of Person Submitting Application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type or Print Name of Person Submitting Application

\_\_\_\_\_  
Date

## AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for CE credit will comply with the criteria in 68 Ill. Adm. Code, Section 1400.85 (c)(2) and all other criteria in 68 Ill. Adm. Code, Section 1400.85; and
2. That this sponsor will be responsible for verifying full-time continuous attendance at each program, and provide a certificate of attendance as set forth in 68 Ill. Adm. Code, Section 1400.85 (c)(8); and
3. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1400.85; and
4. That each CE program shall provide a mechanism for evaluation of the program instructor by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly; and
5. That this sponsor may subcontract with individuals and organizations to provide approved programs; and
6. That all programs given by this sponsor shall be open to all licensed Clinical Psychologists and not be limited to members of a single organization or group; and
7. That this sponsor will submit by September 30 of each even-numbered year to the Department, a list of all courses and programs offered within the last 24 months, which includes a brief description, location, date, and time of each course given by the sponsor and by any subcontractor; and
8. That this sponsor will maintain attendance records for not less than five (5) years; and
9. That this sponsor will be responsible for assuring that no renewal applicant shall receive CE credit for time not actually spent attending the program; and
10. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1400.85) may result in disapproval of this sponsor by the Department; and
11. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this Sponsor subsequent to such disapproval.

NOTARY

SEAL

\_\_\_\_\_  
Signature of Person Responsible for Continuing Education Program

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

NAME OF CE SPONSOR:

Profession: